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## FACSIMILE TRANSMISSION

Total # of Pages 25 (including this page)

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Examiner G. Kishore, Group Art Unit 1615 Commissioner for Patents	(571) 272-0598	(703) 872-9306

From : Stephen E. Reiter *SR*

Email Address : sreiter@foley.com

Sender's Direct Dial : 858.847.6711

Date : February 8, 2005

Client/Matter No : ABI1150-18 (071243-0218)

User ID No : 1877

## MESSAGE:

Re: U. S. Patent Application No. 09/628,387

Following are:

- 1) Amendment Transmittal with Petition for Extension of Time, in duplicate (6 pgs.)
- 2) Amendment (11 pgs.)
- 3) Terminal Disclaimer (1 pg.)
- 4) Information Disclosure Statement (3 pgs.)
- 5) Form PTO/SB/08 (1 pg.)
- 6) Cited Reference A5 (2 pgs.)

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Atty. Dkt. No. ABI1150-18 (071243-0218)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Soon-Shiong and Desai  
Title: METHODS AND  
FORMULATIONS OF TAXANES  
Appl. No.: 09/628,387  
Filing Date: 08/01/2000  
Examiner: Kishore, Gollamudi S.  
Art Unit: 1615

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b> I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.  _____ Stephen E. Retter (Printed Name)  _____ (Signature)  _____ February 8, 2005 (Date of Deposit)
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**AMENDMENT TRANSMITTAL****RECEIVED  
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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- ☐ Assertion of Small Entity status is enclosed.
- ☒ Information Disclosure Statement.
- ☒ Form PTO/SB/08.
- ☒ Cited reference A5.
- ☒ Terminal Disclaimer.

In re application of  
 Soon-Shiong  
 Application No.: 09/628,387  
 Page 2 of 3

Atty. Dkt. No. ABI1150-18 (071243-0218)

☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	23	-	171	=	0	x	\$50.00	=	\$0.00
Independent Claims:	4	-	40	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$360.00	=	\$0.00
CLAIMS FEE TOTAL								=	\$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$1,020.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$1,020.00
<input checked="" type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$130.00
<input checked="" type="checkbox"/> Fee for submission of Information Disclosure Statement		\$180.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1,330.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$1,330.00

☒ Please charge Deposit Account No. 50-0872 in the amount of \$1,330.00. A duplicate copy of this transmittal is enclosed.

☐ A check in the amount of \$1,150.00 is enclosed.

In re application of  
Soon-Shiong  
Application No.: 09/628,387  
Page 3 of 3

Atty. Dkt. No. ABI1150-18 (071243-0218)

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.


Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

2/8/05

By



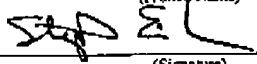
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Stephen E. Reiter  
Attorney for Applicant  
Registration No. 31,192

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<input checked="" type="checkbox"/> Fee for submission of Information Disclosure Statement		\$180.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1,330.00
<input type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):		\$0.00
TOTAL FEE:		\$1,330.00

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Respectfully submitted,

Date 2/8/05

By Stephen E. Reiter

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